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## BIB DATA SHEET

CONFIRMATION NO. 3869

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/709,870	06/02/2004	424	1616	P017US-P2	
<b>APPLICANTS</b> Mitchell I. Kirschner, St. Louis, MO; R. Saul Levinson, Chesterfield, MO; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/714,156 11/14/2003 ABN which is a CON of 09/972,664 10/09/2001 ABN which is a CIP of 09/320,559 05/27/1999 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/14/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/JAMES HENRY</u> <u>ALSTRUM</u> <u>ACEVEDO/</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<input type="checkbox"/> Met after Allowance <b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 88	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> KV PHARMACEUTICAL COMPANY One Corporate Woods Drive BRIDGETON, MO 63044 UNITED STATES					
<b>TITLE</b> NUTRITIONAL FORMULATIONS					
<b>FILING FEE RECEIVED</b> 2640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	